

Chapter Ten

Child Abuse and Neglect



An important role of the child care health consultant is to advocate for the protection of children. Keep informed about trends in child abuse and neglect, research in child abuse prevention strategies, and changes in child abuse legislation. Educate others (providers, parents, children, the community) on these topics. Maintain a list of available community, state, and national resources for consultation and referral about child abuse and neglect. Insure that child care providers are aware of the common behaviors, symptoms, and signs displayed by children who have been abused or neglected. Provide assistance in establishing connections between child care providers and physicians, child psychiatrists, other health professionals, and/or Child Protective Services for consultation and advice on matters of child abuse and neglect.

One resource that provides pertinent information about this complex and sensitive topic is the booklet *Protecting the Abused and Neglected Child – An Explanation of the Washington State Mandatory Reporting Law on Child Abuse* (DSHS pamphlet 22-163X, rev. 6/97).

The Caring for Our Children (CFOC) standards and Washington state child care licensing regulations require that child care providers know the definitions of child abuse and neglect. Providers may look to the CCHC for that information. The CFOC standards, the National Center for Child Abuse and Neglect (NCCAN), the federal government (Public law 104-235), and most states define four forms of child abuse:

Defining Child Abuse And Neglect

1. **Emotional Abuse:** Acts that damage a child in psychological ways but do not fall into other categories of abuse. Emotional abuse includes blaming, belittling, or rejecting a child; constantly treating siblings unequally; or a persistent lack of concern by the caretaker for the child's welfare. It also includes bizarre or cruel forms of punishment. This type of abuse is the most difficult to detect because the indicators are rarely physical.
2. **Physical Abuse:** Any non-accidental injury to the child causing tangible physical harm.
3. **Sexual Abuse:** "The use, persuasion, or coercion of any child to engage in any sexually explicit conduct (or any simulation of such conduct) for the purpose of producing any visual depiction of such conduct, or rape, molestation, prostitution, or incest with children." (Public Law 104-235)
4. **Neglect:** Failure to provide for the child's basic needs. While abuse tends to be episodic, neglect tends to be chronic. Four types of neglect are recognized:
 - **Physical Neglect:** Inadequate or unsafe supervision of children.
 - **Medical Neglect:** Failure to seek needed medical attention for a child and withholding of medically indicated treatment including appropriate nutrition, hydration, and medication. Public Law 104-235 includes a special provision regarding the "withholding of medically indicated treatment for disabled infants with life-threatening conditions."

Defining Child Abuse And Neglect

continued

- **Educational Neglect:** Failure to abide by state laws regarding children's education.
- **Emotional Neglect:** Ignoring developmental needs of children.

In Washington, child abuse is defined in RCW 26.44.020 as:

“the injury, sexual abuse, or negligent treatment or maltreatment of a child by any person under circumstances which indicate that the child's health, welfare, and safety is harmed thereby.”

Washington State Child Abuse Mandatory Reporting Law

In Washington State, child care providers are required by law to report cases of known or suspected child abuse.

The law states:

1. Child care providers are required to report abuse or suspected abuse. It is not their role to have proof of abuse or to investigate the situation. Suspected abuse must be reported.
2. If providers have a suspicion that a child is being abused or neglected, and they report in good faith, they are immune from criminal liability if their suspicion should prove incorrect.
3. Child care providers are liable for a penalty if they fail to report. NOT reporting child abuse is a gross misdemeanor under the law.
4. Cases of suspected or known child abuse should be reported to Child Protective Services (CPS) – check with your local office for the phone number in your area.

CCHC's may encounter suspicions of abuse when consulting with centers or homes. If you suspect a child is being abused at home consult with the director about how a report to CPS will be handled (perhaps both you and the director will report). If you suspect a child is being abused at a center or a home, again discuss your concerns with the director, then make your report to CPS.

Signs of Child Abuse and Neglect in Infants

Infants and toddlers may exhibit some different signs than older children that they are being abused or neglected. Health consultants and infant/toddler caregivers should be alert to chronic, severe diaper rash, repeated episodes of infants or toddlers arriving at the center in soiled diapers and/or clothing, dental injuries, and chronic failure by the family to provide adequate bottles and/or medication to meet the needs of the child.

Shaken Baby Syndrome

Shaken Baby Syndrome describes the serious injuries that can happen when a young child is severely or violently shaken. When infants are shaken, their immature neck muscles can't support their heavy heads, and the brain moves back and forth within the skull. Serious injuries can result such as eye damage, developmental delays, seizures, paralysis, and death.

Shaken Baby Syndrome is a form of child abuse that usually occurs when a parent or caregiver shakes an infant out of anger or frustration, often because the infant would not stop crying. Infant caregivers may be aware of the injuries shaking can cause, or they may be in the position to observe a parent shaking an infant. If someone is aware that an infant has been shaken, the most important step is to get medical care right away. Let the doctor know the infant was shaken; mild symptoms of Shaken Baby Syndrome are very much like those of infant colic, feeding problems, and fussiness. An excellent brochure is available from the Washington Council for Prevention of Child Abuse (see Resources and References).

As the health consultant, your role might be to teach families and caregivers about how to prevent Shaken Baby Syndrome. A tired, angry, or frustrated parent or child care provider might shake a fussy infant; you can help prevent this tragedy through education about:

1. How to identify what infants need when they cry;
2. Appropriate caregiver responses to crying;
3. Appropriate ways for caregivers to handle the stress of caring for fussy infants (see Caregiver Tip);
4. Supporting the infant's head;
5. The dangers of hard shaking and motions that cause the infant's head to whip back and forth.

Shaken Baby Syndrome
continued



Caregiver Tip

When An Infant Cries, Take a Break – Don't Shake!

Taking care of infants can be challenging, especially when an end to the crying seems nowhere in sight or when several infants are crying at the same time. Here are some things caregivers can do if they feel they could lose control:

- Take a deep breath and count to 10;
- Take time out and let the infant cry;
- Call on another caregiver to support you or give you a break;
- Call the family—there may be a medical reason the infant is crying.

The CFOC standards list several steps which can be taken to help safeguard child care facilities against child abuse and/or neglect by their staff. These recommendations are especially important in infant-toddler settings:

1. Providers should be able to take breaks and find relief during stressful times. It is recommended that 15-minute breaks be permitted every four hours and that lunch breaks last at least 30 minutes.
2. The physical layout should allow all areas to be viewed by at least one other adult besides the primary child care provider at all times. This applies especially to areas where children may be isolated, such as dressing, diaper-changing, and toileting areas.

Prevention of Child Abuse in Child Care Settings

The Role of the Health Consultant

The consultant should make certain that child care centers provide required instructions about child abuse reporting to all staff and volunteers. These instructions should contain a summary of the state child abuse reporting requirements and a statement that staff and volunteers will not be discharged solely because they have made a child abuse report. The consultant should review the written policies of the child care program regarding the monitoring, confirming, and reporting of child abuse and neglect, and assist with policy development in these areas as needed. The sample health care policy from Washington State DOH in Appendix D is one example.

Incorporating this Chapter into Your Practice

- Let the staff know that you can be a resource if they suspect abuse or neglect.
- Offer to teach a session on signs and symptoms of abuse and neglect.
- Contact DSHS to obtain copies of *Protecting the Abused and Neglected Child - An Explanation of the Washington State Mandatory Reporting Law on Child Abuse* and share with the programs you consult with.
- Review with Directors your obligation as a mandated reporter to contact CPS if you suspect child abuse either in the child's home or in a care facility. Be proactive. Discuss how you would handle such a situation if it ever occurs.

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